

<b>FORM 1</b> <b>GENERAL</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">F</td><td style="width:10%;">O</td><td style="width:10%;">H</td><td style="width:10%;">D</td><td style="width:10%;">1</td><td style="width:10%;">4</td><td style="width:10%;">1</td><td style="width:10%;">6</td><td style="width:10%;">7</td><td style="width:10%;">3</td><td style="width:10%;">8</td><td style="width:10%;">3</td><td style="width:10%;">D</td> </tr> </table>	F	O	H	D	1	4	1	6	7	3	8	3	D
F	O	H	D	1	4	1	6	7	3	8	3	D				
<b>II. POLLUTANT CHARACTERISTICS</b> <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.														

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	UNION CARBIDE CORP. CARBON PRODUCTS DIV.
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**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
ROBERTS, GORDON 2 RYAN EDWIN ASST. CHIEF PLT. ENG.	216 226 2824

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN
3 P.O. BOX 6087	CLEVELAND
C. STATE D. ZIP CODE	
OH 44101	

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
51179 MADISON AVE.	CUYAHOGA
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (if known)
CLEVELAND	OH 44107 035

NOV 18 1980

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	6	2,4	(specify)	7	3	2,9,3
GRAPHITE HEAT EXCHANGERS & PARTS				(specify) GRAPHITE SHEET, PACKINGS & GASKETS			
C. THIRD				D. FOURTH			
7	3	6	2,9	(specify)	7		
BORON NITRIDE LABWARE, SHAPES & POWDERS				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
UNION CARBIDE CORP. CARBON PRODUCTS DIV.												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)										
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)							A	2	1	6	2	2	6	2	8	2	4
S = STATE	O = OTHER (specify)																			
P = PRIVATE																				

E. STREET OR P.O. BOX											
P O BOX 6087											

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
CLEVELAND										OH		44151		Is the facility located on Indian lands?	
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N A										N A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
N A										(specify) SEE ATTACHMENT I									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
N A										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

This manufacturing plant produces: Graphite Heat Exchangers and Parts, Graphite Packing and Gaskets, Boron Nitride Labware, Shapes and Powders.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
R. G. Russel Vice President & General Manager		<i>R. G. Russel</i>		11/17/80	

## COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 EPA U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3006 of RCRA.)

I. EPA I.D. NUMBER  
F O H D 9 0 4 1 6 7 3 8 3 2 1

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

- ☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete item I above)

- ☐ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

## Disposal:

INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

## Treatment:

TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP									
T/A C 1									
12 13 14 15									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	1,100	G		7				
	S 0 1	7,150	G		8				
3					9				
4					10				
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30									

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**      **CODE**  
 POUNDS ..... P  
 TONS ..... T

**METRIC UNIT OF MEASURE**      **CODE**  
 KILOGRAMS ..... K  
 METRIC TONS ..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
<div style="display: flex; justify-content: space-between;"> <span>W 0 H D 0 4 1 6 7 3 8 3</span> <span>T/A C 3 1</span> </div>													<div style="display: flex; justify-content: space-between;"> <span>W</span> <span>DUP</span> <span>T/A C 3 2</span> <span>DUP</span> </div>													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
	22	25	26			1. PROCESS CODES (enter)																				
	27	28	29			35	27	28	29	27	28	29	27	28	29	27	28	29	2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F	0	1	2,000,000	P	S	0	1																		
2	F	0	2	500,000	P	S	0	1																		
3	F	0	3	3,600,000	P	S	0	1																		
4	F	0	5	13,000,000	P	S	0	1																		
5	F	0	7	1,500,000	P	S	0	1																		
6	F	0	8	8,000,000	P	S	0	1																		
7	U	0	7	100,000	P	S	0	1																		
8	U	1	2	100,000	P	S	0	1																		
9	U	1	5	600,000	P	S	0	1																		
10	U	1	3	100,000	P	S	0	1																		
11	U	2	1	100,000	P	S	0	1																		
12	U	2	8	600,000	P	S	0	1																		
13	D	0	1	12,000,000	P	S	0	2																		
14																										
15																										
16																										
17																										
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22																										
23																										
24																										
25																										
26																										

**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

[illegible]

F6A/55

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). **FLAV**

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, seconds)				LONGITUDE (degrees, minutes, seconds)			
41	28	03	3	081	46	01	6
65 66	67 68	69 70	71	72 73	74 75	76 77	78

## VIII. FACILITY OWNER


- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER														2. PHONE NO. (area code & no.)																	
3. STREET OR P.O. BOX														4. CITY OR TOWN										5. ST.		6. ZIP CODE					
45 15 16														40 41 22										47		51					

## IX. OWNER CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<p>A. NAME (print or type)</p> <p>R. G. Russel</p> <p>Vice President &amp; General Manager</p>	<p>B. SIGNATURE</p> 	<p>C. DATE SIGNED</p> <p>11/17/80</p>
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## X. OPERATOR CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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## RCRA INSPECTION REPORT

## INTERIM STATUS STANDARDS, TREATMENT, STORAGE AND DISPOSAL FACILITIES

## DEFICIENCY NOTIFICATION TABLE

## ISS INSPECTION

FACILITY NO. - 81-HW-0132

OWNER - Union Carbide Corporation

FACILITY NAME - Union Carbide Corp - Carbon Products Division

FACILITY LOCATION - 11709 Madison Ave Cleveland, Ohio

FACILITY CONTACT - Edwin Frye

ISS INSPECTION DATE - July 22, 1981

PHONE NO. - 216/226-2824

Page	COLUMN I Item No.	COLUMN II OAC Reference	COLUMN III USEPA Reference	COLUMN IV See Code Following	COLUMN V Refer To ISS Remark	COLUMN VI OEPA Use
3	III A 1	3745-55-12(A)	265.12 (A)			
	2					
	B 1	3745-55-13	265.13			
	2	3745-55-13	265.13			
	3	"	"			
	C 1	3745-55-14	265.14			
	2	"	"			
	3	"	"			
	4	"	"	B	✓	
	D 1	3745-55-15	265.15			
	2	"	"			
	3	"	"			
4	4	"	"			
	5	"	"			
	6	"	"	B	✓	
	7	"	"			
	8	"	"			
	E 1	3745-55-16	265.16			
	2	"	"			
	3	"	"			
	4	"	"			
	5	"	"			
	6	"	"			
	F 1	3745-55-17	265.17			
	2	"	"			
	3	"	"			
5	IV A	3745-55-31	265.31			
	B 1	3745-55-32	265.32			
	2	"	"			
	3	"	"			
	C 1	3745-55-33	265.33			
	2	"	"			
	D	3745-55-34	265.34			
	E	3745-55-35	265.35			
	V A 1	3745-55-52	265.52			

COLUMN I				COLUMN II	COLUMN III	COLUMN IV	COLUMN V	COLUMN VI
Item No.				OAC Reference	USEPA Reference	See Code Following	Refer To ISS Remark	OEPA Use
6 (Con't.)	V	A	2	3745-55-52	265.52			
			3	"	"			
			4	"	"			
			5	"	"			
7		B		3745-55-53	265.53			
		C	1	3745-55-55	265.55			
			2	"	"			
			3	"	"			
		D		3745-55-56	"			
	VI	A	1	3745-55-71	265.71			
			2	"	"			
		B		3745-55-72	265.72			
8		C	1	3745-55-73	265.73			
			2b	"	"	B		
			c	"	"	B		
			d	"	"			
			e	"	"			
			f	"	"			
			g	"	"			
9	VII	A	1	3745-56-03	265.112	B	✓	
			2	"	"			
			3	"	"			
			4	3745-56-32	265.142	B	✓	
		B	1	3745-56-09	265.118			
			2	"	"			
			3	"	"			
			4	3745-56-34	265.143			
	VIII	I	1	3745-56-51	265.171		✓	
			2	3745-56-52	265.172			
			3	3745-56-53	265.173			
			4	"	"			
10			5	3745-56-54	265.174			
			6	3745-56-56	265.176			
			7	3745-56-57	265.177			
		J	1	3745-56-72	265.192			
			2	"	"			
			3	"	"			
			4	3745-56-73	265.193			
			5	3745-56-74	265.194			
			6	3745-56-78	265.198			
11			7	3745-56-79	265.199			
			8	3745-56-78	265.198			
		K	1	3745-57-03	265.222			
			2	3745-57-04	265.223			
			3	3745-57-06	265.225			
			4	3745-57-07	265.226			
			5	"	"			
			6	3745-57-10	265.229			
12			7	3745-57-11	265.230			



COLUMN I		COLUMN II		COLUMN III		COLUMN IV		COLUMN V	COLUMN VI
Page	Item No.		OAC Reference	USEPA Reference		See Code Following		Refer to ISS Remark	OEPA USE
12	L	1	3745-57-31	265.251					
		2	3745-57-32	265.252					
		3	3745-57-33	265.258					
		4	3745-57-36	265.256					
		5	"	"					
		6	3745-57-37	265.257					
		7	3745-57-37	265.257					
13	M	1	3745-57-52	265.272					
		2	"	"					
		3	3745-57-53	265.273					
		4	3745-57-56	265.276					
		5	3745-57-58	265.278					
		6	3745-57-58	265.278					
		7	3745-57-59	265.279					
		8	3745-57-61	265.281					
		9	3745-57-62	265.282					
14	N	A	1	3745-57-72	265.302				
			2	"	"				
			3	"	"				
			4	"	"				
	B	1	3745-57-79	265.309					
			"	"					
	C	1	3745-56-03	265.112					
			"	"					
			"	"					
			3745-56-32	265.192					
	D		3745-57-82	265.312					
			3745-55-17	265.17(b)					
15	E		3745-57-83	265.313					
			3745-55-17	265.17(b)					
	F	1	3745-57-84	265.314					
			"	"					
			"	"					
			"	"					
	G		3745-57-85	265.315					
16	I	B	1	3745-58-33	265.373				
			2	"	"				
			3	"	"				
			4	"	"				
			5	"	"				
	II	A	1a	3745-58-35	265.375				
			b	"	"				
			c	"	"				
			2a	3745-58-35	265.375				
			b	"	"				
17	B	1	"	"					
		2	"	"					
		3	"	"					
		4	"	"					
		5	"	"					

Page	COLUMN I Item No.		COLUMN II OAC Reference		COLUMN III USEPA Reference		COLUMN IV See Code Following	COLUMN V Refer to ISS Remark	COLUMN VI OEPA USE
17 (Con't)	III	A		3745-58-37	265.377				
		B		"	"				
		C		"	"				
		D		"	"				
		E		"	"				
		F		"	"				
		G		"	"				
	IV	A	1	3745-58-42	265.382				
			2	"	"				
19	Q		1	3745-58-51	265.401				
			2	"	"				
			3	3745-58-52	265.402				
			4	3745-58-53	265.403				
			5	3745-58-55	265.405				
			6	3745-58-56	265.406				
20	IX	I	(A)	3745-52-40	262.40				
			(B)	1	3745-52-21	262.21			
				2	"	"			
				3	"	"			
				4	"	"			
				5	"	"			
				6	"	"			
				7	"	"			
				8	3745-50-42	122.6			
			(C)	3745-52-42	262.42				
21			1	3745-52-42	"				
			2	"	"				
			(D)	1	3745-52-42	262.42			
				2	"	"			
	2		(A)	3745-52-30	262.30				
			(B)	3745-52-31	262.31				
			(C)	3745-52-33	262.33				
22	3		1	3745-52-34	262.34				
			2	"	"				
			3	3745-56-54	265.174				
			4a	3745-56-72	265.192				
			b	"	"				
			c	"	"				
			d	3745-56-74	265.184				
			e	3745-56-78	265.198				
			f	3745-56-79	265.199				
23	VI	A		3745-52-40	262.40				
		B		3745-52-41	262.41				
	VII		1a	3745-52-50	262.50				
			b	"	"				
			c	"	"				
			2	"	"				
24	X	I		3745-53-22	263.22				
		II	A	3745-53-20	263.20				
			B	"	"				
	V	A		3745-53-10	263.10				
		B		3745-53-10	"				

KEY TO CODED ITEMS (COLUMN IV)

- A. Because the inspection at this facility was conducted prior to May 19, 1981, requirements which became effective on that date were not checked. These requirements are now effective and must be met as a condition of interim status under the federal regulations and as part of the considerations for issuance of an Ohio Hazardous Waste Permit.
- B. or C. The inspection revealed a deficiency in compliance with this item, which must be satisfactorily corrected. A determination of compliance will be made in the future.
- D. The inspection revealed a violation of regulations pertaining to this item. Since the environmental consequences of this violation may be quite serious this problem must be corrected as soon as possible. We will schedule another inspection no sooner than 30 days after the date of this letter to determine if compliance has been achieved. Further steps in the permitting process will be delayed until the re-inspection.
- E. Regulations concerning this item will become effective November 19, 1981. These requirements were not addressed in the inspection, but compliance is required by November 19, in order to meet federal interim status requirements and as a part of the considerations in issuing an Ohio Hazardous Waste Permit.
- F. Inspection revealed non compliance with this item. Compliance with this item is required unless a facility has filed as a storage facility. You should either correct the deficiency listed or file an amended Part A application for a storage facility.
- G. NFPA's code requires that the tanks be located 50 feet from the property line.

